STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004503	A. BUILDING _____ B. WING _____	C 07/03/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAFAYETTE BICKFORD COTTAGE	3633 REGAL VALLEY DR LAFAYETTE, IN 47901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00108982. Complaint IN00108982 - Substantiated, No deficiencies related to the allegations are cited. Survey date: July 3, 2012 Facility number: 004503 Provider number: 004503 AIM number: N/A Survey team: Rita Mullen, RN TC Michelle Carter, RN Census bed type: Residential: 11 Total: 11 Census payor type: Other: 11 Total: 11 Sample: 4 Lafayette Bickford Cottage was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00108982. Quality review completed 7/6/12 by Jennie Bartelt, RN.	R 000		